

ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

WAR EDITION

Vol. 2

APRIL 1st, 1941.

No. 7.

A SURVEY

The time has come to review the progress of the JOURNAL in the last seven strenuous months. The October number was produced in circumstances of peculiar difficulty. My predecessor's sudden severe illness (readers will be glad to hear that he is now completely recovered) coincided with the Luftwaffe's descent upon London. It is hardly surprising, though regrettable, that the JOURNAL was twenty-one days late. The next number made up ten days of this leeway, in spite of the growing difficulties of the printing-trade. Every time a bomb fell near our unfortunate linotype-printers' their machines had to be re-set and a fresh start made. The interruption of gas-supplies also held them up, and the congestion eventually became so great that our order for linotype had to be placed elsewhere.

During this period telephone communication with the printers was frequently impossible, the Editorial business being conducted from call-boxes at Holborn Viaduct, King's Cross and Paddington. Their office could only be reached after a steady forty minutes' walk. Much time had to be spent in the Press Censorship department of the Ministry of Information (though it must be said that the courtesy and helpfulness of the M.O.I. are quite unexpected in a Government Department). Shortly after the great fire raid on the City I was fetched from the C.C.S. to hear that our new linotype firm were out of action. Some of the January JOURNAL was lost, and the proof corrections were not yet printed. It was decided if necessary to print the JOURNAL uncorrected. Our printer succeeded, how-

ever, in getting most of the corrections made, and few readers noticed the slight difference in type. Since then we are glad to have returned to our original linotypers, and at the moment of writing all is going smoothly.

In the piping days of peace the JOURNAL was given gratis to the student by a benevolent Students Union. Occasionally one hears students enquiring what happens to the heavy tax which is extracted from us at our entrance to the Medical College. The question is not mine to answer, but if complaints are made at the price of the JOURNAL a few comparisons may be helpful. I have picked up at random five other Hospital journals. Of these, one penny buys (in round numbers 1, 1½, 2, 3 and 4 pages respectively. [Incidentally, one penny buys about 2 pages of the B.M.J. and 3 pages of the Lancet.] The same sum at present buys 5 pages of this Journal. Of course the size of the pages varies, but our pages are among the largest.

Another variable factor is the frequency of publication. Here before me is a different set of journals. Again, in round numbers, they publish respectively 8, 6, 18 and 19 pages per month. Bart's JOURNAL publishes upwards of 20 pages per month. This JOURNAL is almost the only one which regularly publishes photographs; and if readers are sometimes annoyed at its unpunctuality, they would be horrified to hear how much later some of our contemporaries appear.

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displayed) and verify them for himself. He will find to his amazement that the Bart's JOURNAL is among the least expensive in the Kingdom and in quality compares favourably with any other similar publication. The Editors have never claimed that the JOURNAL was anything very brilliant. The other day a friend (at least he *was* a friend) offered me an article with the warning that it was extremely bad—"so bad that you will probably publish it to show up your Editorials." The JOURNAL fulfils a dual function: it is a permanent record of one's time at Bart's,

and it acts as a link between old Bart's men and the Hospital. In war-time it also has the very important rôle of linking up the Sector with the mother Hospital.

It is perhaps surprising after all this that less than half of all Bart's men take the JOURNAL. In spite of all the difficulties which the war imposes, the JOURNAL will do its best to carry on. We thank our readers for their past support. The best service which they can render to the JOURNAL is to persuade others to take it.

NEM. CON.

A most successful meeting of St. Bartholomew's Hospital Mutual Admiration Union was recently held in the Abernethian Room. The results of its deliberations were as follows:—

1.—Everybody in any way associated with the Union during the past year is an awfully decent fellow and has done his job frightfully well under the most terribly difficult conditions. Votes of Thanks were therefore proposed, seconded and unanimously awarded to each of these people in turn.

2.—Certain Officials of the Union were compelled by pressure of work regretfully

to tender their resignations. These were reluctantly accepted by the Union, with expressions of the utmost cordiality.

3.—A number of the most charming gentlemen were elected, amid scenes of enthusiasm, to various posts in the Union. The Mutual Admiration Union is happy to report that no dissentient voice marred these proceedings.

4.—The Union enjoys the most sanguine hopes that the next year will be as successful as the last.

We should like to congratulate the Union on such a timely example of true democracy.

We have been asked to state that the Bureau of Human Heredity (115, Gower Street, W.C.1) would welcome voluntary part-time helpers in its work. The Bureau collects case-reports and prepares statistics of all diseases which are (or are suspected of being) familial. Information on any such diseases may be obtained from the Bureau, which is also anxious to receive any relevant

case-reports.

* * *
Mr. Michael Mason has been elected Manager of the JOURNAL, in place of Mr. J. A. Smith, resigned.
* * *

May Issue

Material for the May number should be received not later than April 10th.

HOUSEMANIASIS

As several cases of this disease have recently been seen in the sector, it may be of interest to recall some of the more salient features of the condition.

Aetiology.

The disease occurs in both endemic and epidemic form, the latter most commonly being seen during February and August. The infecting organism is of two varieties.

The *Diplomococcus*, which produces an acute, though usually mild infection, is the commoner of the two. Of graver prognostic import, are those cases due to *B. Emboebius*, although a marked reduction of the incidence of this type of infection has been noticed of late.

Symptoms.

The prodromal phase is ushered in by an

acute alcoholic attack, and may last some weeks in severe cases.

The first symptom is almost invariably enlargement of the head. This may first be noticed by the patient's friends, or the patient himself may notice the necessity for buying a new hat.

At the same time an amnesia commonly develops, the patient being quite incapable of recognising many of his old friends. Delusions of grandeur are common, while alteration of the gait may be a marked feature.

Signs.

On examination, the most striking feature is the gross cephalic enlargement. This sign is, however, not pathognomonic. Of more significance is the finding of a peculiar

pedunculated cervical neoplasm, the stethoscoma. The appearance of this will be familiar to all. This, in association with the cephalic enlargement, and the mental changes, leaves no doubt as to the diagnosis.

Differential Diagnosis.

The Spirochaete must be excluded, although it is important to remember that the two conditions may co-exist.

Treatment.

No form of treatment is known which shortens the course of the disease.

Prognosis.

This is good in most cases, the condition usually clearing up within 3-6 months. Occasionally, however, a low grade infection may persist indefinitely.

SABREUR.

EGYPT. 1941

Soft dust of the desert, cold dust of the
Fair, . . .

Hot sweat of the living, sharp sands of
despair;

The wind whirling eastward uncovers each
bed,

And the stars watch the living asleep with
the dead.

Do they curse in the noonday the sands that
torment?

Do they pray in the night-time the Gods to
relent,

And Passion again turn dry dust into gold
And quicken girls' kisses four thousand
years old?

Through desert and palm-grove, by water-
course dry,

Men marching and fighting, kill—curse
death and die;

They sink in the drift-sand, the tomb of
great kings,

Of golden-green lizards and strange winged
things,

Of queens and their lovers, of harlots and
priests,

Of wantons and virgins, holy birds, sacred
beasts;

The home of all beauty, all love, all desire,
Still vital with passion's unquenchable
fire . . .

O, Dead of the desert, the Gods loved you
well,

You sleep in the gold of their sun where
you fell.

You sleep in their perfumed and passionate
land,

On the hot, restless breast of the Courtesan
sand.

ARTHUR APPLIN.

THE CASE AGAINST THE ANTI-VIVISECTIONISTS

THEIR ANTI-PUBLIC HEALTH AND ANTI-WAR EFFORTS, AND THEIR CRUELTY TO ANIMALS

BY SIR LEONARD ROGERS, K.C.S.I., M.D., F.R.C.P., F.R.C.S., F.R.S.

Every medical student knows the hopelessness of the attitude of the anti-vivisectionists, but it is not every one of them who is sufficiently acquainted with the wiles of the opponents of scientific medicine to be able to refute their specious, and often false, statements, by means of which their societies have extracted about £750,000 out of the pockets of the charitably minded public, subsequently to the anti-vivisectionist case being unanimously rejected by the final report of 1912 of the last Royal Commission, after hearing both sides at great length. As three-fifths of that huge sum has been derived from legacies and interest on them, the most effective way of reducing that waste of charitable money—much of which might otherwise have gone to hospitals—is through the influence of well-informed medical practitioners on their patients. This article should enable the rising generation of medical practitioners to expose the misleading and untrue statements of anti-vivisectionists, who rely largely on a facile appeal to sentiment that is false, because it will be shown to be terribly cruel to the very animals that as a whole they profess to care for.

THE VERDICTS AGAINST THE ANTI-VIVISECTIONISTS OF THE FINAL REPORT OF 1912 OF THE ROYAL COMMISSION. The incredible weakness of the opponents' case presented to the last Royal Commission can best be realised by reading the summaries of the evidence on both sides in the book of Stephen Paget, *For and Against Animal Experiments*, or in that of the writer: *The Truth About Vivisection*. For example, a retired surgeon, in denying the germ theory of disease and Listerism, maintained that "the bacillus is never the cause of disease; it results from disease." He therefore asserted that if the fluid of an infective discharge could be separated from the bacteria, and each injected separately, only the fluid would reproduce the disease. He was quite ignorant of the fact that experiments had proved precisely the opposite, and his case collapsed. Yet, for want of anything better, he is still quoted by the

anti-vivisectionists as an authority against the immortal Lister!

More remarkable still, although eight medical practitioners lent some support, only two out of 39,000 then on the medical register supported the anti-vivisectionist demand for the abolition of all animal experiments. Both admitted they had never used anti-diphtheritic serum; but both denied its value. Neither knew anything of rinderpest or cattle plague; both demanded that the use of serum to save cattle should be prohibited by law; a point I shall return to. Earlier data of Stephen Paget and recent ones of the writer reveal that not one in a thousand of registered medical practitioners actively support the opponents of scientific medicine. Against them was the evidence, among others, of seventeen witnesses who obtained the blue ribbon of the Fellowship of the Royal Society! No wonder the Commission unanimously found that "there can be no doubt that the great preponderance of medical and scientific authority is against the opponents of vivisection."

The opposition evidence essentially consisted of: (1) Charges of cruelty against the scientists; (2) denials that any material benefits had ever resulted from animal experiments; and (3) their so-called "ethical" contention.

(1) A number of charges of cruelty were brought by non-medical witnesses, which had been collected during thirty years' working of the Act of 1876. They were all rejected, after prolonged inquiries, with the unanimous conclusion "that the witnesses have either misapprehended or inaccurately described the facts of the experiments." Nor has any such charge been subsequently proved, although the Home Secretary, who administers the Act, is always ready to inquire into any *prima facie* evidence. Nevertheless, the anti-vivisectionists have since repeated two of the charges that they were unable to support with evidence before the Commission; namely that the medical scientists "boil and bake animals alive," and that dogs have been used "for demonstrations of a prolonged and agonising

nature before students." The latter was the essential statement in a petition to Parliament claimed to have been signed by a million dupes of the anti-vivisectionists. Yet a question regarding its truth in the House of Commons met with the withering reply: "No, Sir, no such experiments would be permitted, and there is no evidence whatever that any have taken place. Other disproved false statements by our opponents are recorded in *The Truth About Vivisection*, pp. 64 to 68. But it is needless to labour the point in view of the following admission of that arch opponent, Stephen Colledge, who wrote in his journal, of course regarding a rival anti-vivisection society: "Time after time has this sacred cause been undermined and betrayed by its professing friends by their reckless habit of making erroneous statements. Truly a revealing admission!"

(2) The denial that any benefits result from animal experiments was also unanimously rejected by the Royal Commissioners with the finding that notwithstanding some failures, "valuable knowledge has been acquired in regard to physiological processes and the causation of disease, and that useful methods of prevention, cure and treatment of certain diseases have resulted from experimental investigations upon living animals," through which "suffering has been diminished in man and in lower animals."

(3) The contention that animal experiments, even if they reduce human suffering, are nevertheless morally indefensible was clearly put by a non-medical anti-vivisectionist in these words: "I would not have one mouse painfully vivisected to save the greatest of human beings nor the life dearest to me." Yet that witness was not a vegetarian, although the only legalised vivisection experiments are the millions of farm animal operations every year without anaesthetics to provide tender meat. He also claimed the right to eat pheasants reared for shooting! Such is the consistency of the "ethical" anti-vivisection witnesses, only one of whom appears to have been a vegetarian! No wonder the Royal Commission also unanimously found that experiments on animals "are morally justifiable and should not be prohibited by legislation," which is the demand of the opponents of scientific medicine.

The above quoted verdicts for the scientists were signed by all the surviving

members of the Royal Commission, including at least two who started with very strong anti-vivisection leanings. One of these qualified his assent by disagreeing with his colleagues regarding the amount of suffering relieved by the knowledge gained through animal experiments. Three Commissioners disagreed on a technical point regarding the safeguards advised by the Commission. Thus the only ground now left for further contention is whether the Commission were also right in their expressed belief in 1912 that similar methods of investigation, if pursued in the future, will be attended by similar results. Every well educated and unbiased person knows how abundantly that prophesy has been confirmed by advances due to subsequent animal experiments, in the physiological discoveries of invaluable remedies in such hormones, or internal secretions, as adrenalin, pituitrin, insulin, and the liver extracts for the cure of pernicious anemia; in the vitamins A to F; in the therapeutic discovery of chemiotherapeutic remedies for syphilis, yaws, relapsing fever, African sleeping sickness, kala-azar, malaria, endemic hæmaturia, hookworm disease, and malaria, from which literally many million British subjects suffer every year. And more recently still, the discovery of the curative properties of the sulphonamide group of drugs against puerperal fever and septic streptococcal infections, the deadly cerebro-spinal fever, pneumonia—one of the most frequent causes of death—possibly plague itself, gonorrhœa and the common and painful bovine mastitis and a number of other streptococcal infections of animals, including pneumonia of horses.

It has thus been conclusively demonstrated that during the last three decades or so more specific curative remedies for widespread diseases, both of mankind and of animals, have been discovered by animal chemiotherapeutical experiments, than had been obtained, through the clinical inquiries that the anti-vivisectionists would alone have permitted, in the previous three thousand years.

In connection with therapeutics it is also well to recall the following finding of the last Royal Commission. After pointing out that the scientists' evidence showed that during the previous forty years only one drug of any value had been introduced as the result of clinical observation, the Commission found that among the new drugs

resulting from animal experiments were: "(1) *Soporifics*, such as chloral, sulphonal, veronal; (2) *Local anæsthetics*, such as cocain, eucain, stovain; (3) *Analgesics and anti-pyretics*, such as antipyrin, antifebrin, phenacetin, exalgin; (4) *Physostigmin* for glaucoma; (5) *Amyl nitrite* for angina pectoris; (6) *Diuretics*, such as caffen, theobromin and diuretin." Now these include the most important pain-relieving and preventing drugs (with the exception of the habit forming opium and morphia), none of which would be available for man or beast if the anti-vivisectionists' case had not been turned down by the 1875 Royal Commission, as well as by the later one. Yet, such is their inconsistency that their witnesses claimed the right to benefit by the therapeutic discoveries they have spent hundreds of thousand pounds of charitable money in trying to prevent! And that, too, in spite of the fact that over 40 per cent. of the animal experiments in this country are carried out for the purposes of preparing or standardising for safe use curative serums, vaccines, hormones, vitamins and nearly all the specific curative drugs above mentioned! These they would, if they had their way, prevent the medical profession from obtaining for the relief of their patients (many millions of doses being used yearly in Great Britain alone) with incalculable unnecessary suffering to animals as well as to mankind. And that, too, under the pretence of being charitable societies!

THE WHOLESALE CRUELTY TO ANIMALS OF THE ANTI-VIVISECTIONISTS

But the most damning indictment concerns the anti-vivisectionists' attitude to the very animals that as a whole they profess to care for, as the following data will suffice to prove. In the Stephen Paget memorial lecture of 1938 I quoted the official data to show that in the year April 1929 to March 1930, 2,096,868 cattle were protectively inoculated against the three main epidemic diseases of rinderpest, hæmorrhagic septicæmia and blackquarter, with a reduction of the mortality among the inoculated to one-thirty-sixth part of that of the uninoculated in the same outbreaks. Further, a table in *The Truth About Vivisection*, p. 155, shows that in 1935 in India, British Tropical Africa and New South Wales alone, 10,351,787 cattle and sheep were preventively inoculated against those three diseases, together with anthrax and contagious

pleuro-pneumonia of cattle. Several million of these must have been saved from severe suffering, because during such epidemics it is usual for about half the uninoculated animals to be attacked. In the British Medical Journal of March 18th, 1939, similar official data of the veterinary departments of British Dominions and Colonies showed 51,085,754 animals protectively inoculated in the British Empire alone, in the seven years 1931-7 inclusive, and the numbers are rapidly increasing. And even that is only a part of the story, for it was reported in 1936 that 24,000,000 pigs are protectively inoculated annually against swine erysipelas, in Germany alone, with an estimated saving of about 7,000,000 every year from that serious and fatal disease. If we had figures back to Pasteur's discovery of anthrax inoculation over sixty years ago, the total animals saved from much suffering by these methods must run into literally hundreds of millions, worth many hundreds of millions of pounds sterling.

It has already been pointed out that the only two medical witnesses who supported the demand for the total abolition of all animal experiments before the last Royal Commission, demanded that the use of rinderpest serum should be prohibited by law. But rinderpest and the other animal epidemic diseases mentioned, cause severe and prolonged suffering, such as is prohibited by English law from being inflicted on *any* experimental animal, by the rule that if any experimental animal at any time "is found to be suffering severe pain that is likely to endure, such animal shall forthwith be painlessly killed." Moreover, the Home Secretary's annual reports have repeatedly stated (regarding the 95 per cent. of the total experiments which are inoculations, feeding, etc., and not operations) that "in a very large number the results are negative, and the animals suffer no inconvenience whatever from the inoculations. These experiments are, therefore, entirely painless." It follows that the average suffering saved to the preventively inoculated cattle and sheep must be one hundred or more times the average pain inflicted on experimental animals under the safeguards of our humane laws.

Now the position of the medical scientists was well expressed by Lord Justice Moulton, F.R.S., to the Royal Commission thus: "Your duty is to take that line which pro-

duces the minimum of total pain, and whether the pain is inflicted pain, or whether it is preventable pain which is not prevented, is in my opinion one and the same thing." Every true friend of animals will subscribe to that dictum. The contrary contention of the anti-vivisectionists was recently expressed by the leader of a prominent society, in reply to a letter of mine quoting some of the above preventive inoculations of animals, thus: "It is immoral to inflict any suffering on animals, even to save many thousand times as much suffering to animals and mankind." The anti-vivisectionists therefore admit that they care nothing for the millions of cattle and sheep they would subject annually to the wholesale cruelty of easily preventable, severe and prolonged suffering by depriving them of protective inoculation against epidemic diseases. They only care about the infinitely smaller degree of suffering of experimental animals under our humane laws, largely mice in the case of chemiotherapeutic and other tests, and only 1 in 250 of which are dogs and cats, all operations on which must be performed under anaesthetics. That is the "ethical" contention they always fall back on when they can no longer induce the public to accept their own ignorance of, or blindness to, the scientifically established facts regarding the hundreds of millions of animals, as well as of their fellow beings, whom they persistently try to deprive of the immense benefits resulting from scientific experimental medicine. Truly did Stephen Paget write of the anti-vivisection agitation: "It gives us very fine sentiments, but it is tainted through and through with falsehood. I know that many who believe in it are honourable and full of kindness. But I have studied it for thirty years, and I have come to the conclusion that it ought to be regarded as the enemy of the people."

The foregoing data and quotations will suffice to allow anyone with some knowledge of modern medicine to refute the opponents of scientific medicine, and to convince any knowledgeable, and open-minded, persons that it is the anti-vivisectionists who are guilty, however unwittingly, of attempting the most wholesale cruelty to animals, while it is the medical and veterinary scientists who are the true friends of animals. The anti-vivisectionists even opposed the rebuilding of the London Veterinary College and animal hospital; because, forsooth, its

distinguished head, Sir Frederick Hobday, once held a licence for animal experiments, used for ascertaining the safest methods of anaesthetising animals!

I now turn to the present activities of the anti-vivisection societies, with the help of some £40,000 a year of charitable income, three-fifths of which is derived from legacies and their investment; all received since the rejection of their case by the last Royal Commission, from kind-hearted people, who must presumably be ignorant of the wholesale cruelty to animals, above demonstrated, of their movement. On the only occasion I got an anti-vivisection society to find an avowed medical anti-vivisectionist to debate with me, he had no reply to my question whether he was prepared to hold that the moral and financial support obtained by broadcasting such untrue statements as those above mentioned had been honestly got.

ANTI-PUBLIC HEALTH AGITATION

The most plausible anti-vivisection statement, for taking in their gullible non-medical followers, is the assertion that all modern medical advances are due to "sanitation," and none to animal experiments. They rely for its effect on the ignorance of their dupes of the simple fact, known to all open-minded medical practitioners, that sanitation and public health are themselves essentially based on discoveries through animal experiments. A few of many available examples will suffice to prove that dictum.

PUBLIC HEALTH MEASURES BASED ON PHYSIOLOGICAL ANIMAL EXPERIMENTS.—(1) Ventilation. (2) The value of sunlight on vitamin formation in the skin. (3) The vast subject of dietetics. This includes the discovery of the vitamins A to F, and the synthetic production of some of them. The curative and preventive value of these in scurvy, rickets, xerophthalmia, beri-beri, pellagra, etc., constitutes the greatest medical advance since Listerism.

PUBLIC HEALTH MEASURES BASED ON BACTERIOLOGICAL ANIMAL EXPERIMENTS.—These are legion, and would require an encyclopaedia adequately to deal with them. They are primarily based on the epoch-making discoveries of Pasteur—the charlatan of the anti-vivisectionists—Koch and others, and cover all the epidemic and infectious diseases, only a few of which can be mentioned. (1) Prompt vaccination and revaccination with calf lymph of all the

contacts of a number of virulent cases of smallpox, repeatedly brought by ship to Great Britain from India and elsewhere during the last two decades, has alone prevented serious outbreaks in this now poorly vaccinated country. (See Research Defence Society illustrated pamphlet No. 52, *Conclusive Facts on the Protective Value of Vaccination against Smallpox*, for further information.)

(2) The greatest of sanitary measures, the provision of filtered water free from the germs of typhoid, cholera, etc., is based solely on bacteriological work. In fact, the completion of the supply of pure water, which has made London the healthiest of great cities, resulted from the proof of its value in certain areas during the London cholera outbreak in 1853-4. (See *Bowel Diseases in the Tropics*, p. 17.)

(3) *PLAGUE*, the greatest of epidemic diseases, has frequently ravaged the world. It is reported to have carried off one-fourth of the population of Europe in 1348-9, and one-seventh of the population of London in 1664-5. It once more spread over the world from southern China from 1894 on, and caused ten million deaths in India alone, due to our ignorance of its mode of spread. Yet ten years of modern bacteriological research established the rat-flea theory, which now enables us to prevent sea-borne outbreaks.

(4) Even the Pasteurisation of milk is opposed by the anti-vivisectionists, although killing disease-causing germs is not vivisection!

(5) Preventive inoculation against diphtheria, the most terrible of children's diseases, which has nearly freed some Canadian cities of the disease, is still virulently opposed by the anti-vivisectionists. Such is their cruelty to children!

ANTI-WAR EFFORTS

A full account will be found in the *Truth About Vivisection*, pp. 70-77, of "How the British were narrowly saved from betrayal during the Great War through anti-typhoid inoculation not being compulsory, thanks to

the obstruction of the anti-vivisectionists." From 1914 onwards they spent thousands of pounds in opposing even the voluntary inoculation of our troops, without which they could not have kept the Germans from seizing the Channel ports and starving us into subjection. As they cannot admit the value of any measure based on animal experiments, they are trying to do the same in the present war, one anti-vivisection society alone having expended £5,000 on their agitation. Fortunately, in the great majority of instances our military men have had the common sense and patriotism in this, as in the last great war, to follow the advice of their own expert medical officers, and have accepted both anti-typhoid and anti-tetanus inoculation. The valuable results of these measures is shown by answers to recent questions in Parliament. One of these stated that: "On the basis of the figures I have given, the chance of contracting typhoid or para-typhoid fever is increased roughly 17 times by refusing inoculation." In the case of the toxoid immunisation against tetanus, which affords protection for a year or more in place of the few weeks after anti-tetanus serum, in the British Expeditionary Force 10 cases of tetanus, with a mortality of 40 per cent., all occurred in the one-fifth of uninoculated men, and none in the four-fifths of inoculated.

In so far as the anti-vivisectionists were successful in persuading any of the infected men to refuse preventive inoculation, in so far as they are responsible for their sufferings and deaths, and for the impairment of our military power resulting from them. And they claim to be "charitable" bodies!

The whole matter can be summed up in the following conclusion of *The Truth*: "The so-called anti-vivisectionists, however well meaning they may be, and erring, let us hope, solely through ignorance of, or blindness to, the overwhelming scientific evidence, are in reality persistently attempting the most wholesale cruelty to man and beast in the history of the world."

A CASE OF CEREBELLAR APOPLEXY

A. C. was admitted on November 21st, 1940, at Friern Barnet Hospital under the care of Dr. Graham.

The history of the present condition starts from about a fortnight before admission, when he noticed he could not walk straight and always

deviated to the left.

Three days before admission he went to sleep perfectly well, but on waking up in the morning found he could neither move nor get up—the whole of his left side was absolutely powerless. He also noticed "the whole world was revolving around

him"—the direction of movement being from his left to right. His speech was affected and he could not swallow anything. In addition he had diplopia, with the false image just above the true one. He remained without food for three days before admission.

Apart from this he had had Bronchitis with excessive sputum for quite some time, and had lately felt a little short of breath on going uphill. He had had Asthma from birth with a strong family history.

On admission the patient was flushed, restless and orthopnoic with marked leaning over of his body and head to the left. His eyes were also fully deviated to the left and he rather refrained from opening them because of the unpleasantness of Vertigo. The patient retained his intelligence and was very co-operative.

His B.P. - T.P.R. were 118/92, 97, 100, and 24 respectively.

On examination, the following findings were obtained:

NERVOUS SYSTEM.

Cranial Nerves.

- I. N.A.D.
- II. Fundi—Not seen.
- III. Visual Acuity—6/12—Diplopia—Images one above the other.
- IV. Movement—normal, except that right external Rectus did not act fully.
- V. Motor: N.A.D.
Sensory: Loss of pinprick and hot and cold over the area of distribution of ophthalmic and maxillary divisions on the left, and of mandibular division on the right side.
Light Touch: normal both sides.
Corneal reflex: absent both sides.
- VI. Fine nystagmus in all directions, more so on moving to left.
Left pupil slightly smaller than right.
Slight ptosis of the left eye.
Reaction to light and accommodation—normal.
- VII. Normal.
- VIII. Auditory: Deafness of the right ear has been present for a long time.
Vestibular: Severe Vertigo—movement

of objects being from left to right.
IX. Weakness and loss of sensation of the palate. More marked on left.

X. Inability to swallow.

XI. Normal.

XII. Normal.

Peripheral Nerves.

RIGHT SIDE.

Motor: N.A.D.

Sensory: Pinprick, Hot and Cold—*absent*.

Light touch, Vibration sense—*present*.

Reflexes:

Arms—B.J., T.J., S.J.—*present*.

Stereognosis, Rebound, Finger Nose Test—*normal*.

Legs—K.J., A.J., P.R.—*normal*.

Position sense—*normal*.

LEFT SIDE:

Motor: Hypotonia, Loss of power—*both limbs*.

Sensory: N.A.D.

Reflexes:

Arms—B.J., T.J., S.J.—*normal*.

Stereognosis—*normal*.

Rebound—*excessive*.

Finger Nose Test—*unsteady*.

Past pointing—*present*.

Intention Tremor—*present*.

Dysidiadokokinesis—*present*.

Legs—K.J., A.J., P.R.—*normal*.

Position sense—*normal*.

OTHER SYSTEMS.

There was nothing relevant in his other systems except for some Rales and Rhonchi on the right side of his chest and some impairment on the lower half in front. His C.I. was $\frac{1}{2}$ in. outside M.C.L.*

COURSE AND TREATMENT.

A stomach tube was put in and patient was fed on Egg and Milk and Glucose drinks. The rest of the treatment was general nursing. On the third day he was able to swallow and there was general improvement in his condition. Patient was discharged four weeks later at his own request to be nursed at home. At the time of discharge he had regained considerable degree of tone and power on the affected side.

I wish to thank Dr. Graham for his kind permission to publish this Case.

M. R. SHIRAZI.

10th February, 1941.

SEVENTEENTH CENTURY SCIENCE

Robert Burton, compiler of the huge "Anatomy of Melancholy" (pub. 1628), collected the opinions of a host of ancient writers on every subject connected with pain and melancholy, and on every other subject which occurred to him during his long pursuit of the causes of misery. From philosophy to food, from cosmetics to the Kings of Persia, from medicines to the morality of dancing-classes, everything is discussed and determined by the most eminent authorities. His account of the heart (actually written by the author himself!) is an excellent antidote to the electrocardiogram.

* Future contributors of case-histories are advised to use abbreviations with less enthusiasm.—ED.

... of this region the principal part is the heart, which is the seat and fountain of life, of heat, of spirits, of pulse and respiration—the sun of our body, the king and sole commander of it—the seat and organ of all passions and affections. *Primum vivens, ultimum moriens*, it lives first and dies last in all creatures. Of a pyramidal form, and not much unlike to a pineapple; a part worthy of admiration, that can yield such variety of affections, by whose motion it is dilated or contracted to stir and command the humours in the body. As in sorrow, melancholy; in anger, choler; in joy, to send the blood outwardly; in sorrow to call it in; moving the humours, as horses do a chariot. This heart, though it be one sole member, yet it may be divided into two creeks, right and left. The right is like the moon increasing, bigger than the

other part, and receives blood from *vena cava* distributing some of it to the lungs to nourish them; the rest to the left side to engender spirits. The left creek hath the form of a cone, and is the seat of life, which, as a torch doth oil, draws blood into it, begetting of it spirits and fire; and as fire in a torch, so are spirits in the blood; and by that great artery called aorta, it sends vital spirits over the body, and takes air from the lungs by that artery which is called *venosa*; so that both creeks have their vessels, the right two veins, the left two arteries, besides those two common anfractuons ears, which serve them both; the one to hold blood, the other air, for several uses. The lungs is a thin

spongy part, like an ox hoof (saith Fernelius), the town-clerk or crier (one terms it), the instrument of voice as an orator to a king; annexed to the heart, to express their thoughts by voice. That it is the instrument of voice, is manifest, in that no creature can speak, or utter any voice, which wanteth these lights. It is besides the instrument of respiration, or breathing; and its office is to cool the heart, by sending air into it, by the venosal artery, which vein comes to the lungs by that *aspera arteria*, which consists of many gristles, membranes, nerves, taking in air at the nose and mouth, and by it likewise exhales the power of the heart.

LA DERMATA COMMEDIA

CANTO III.

Verse

- 20 Dermatitis Herpetic of Duhring
In the demon that Job once possessed:
His nails all burnished go touring
O'er a surface he'd like to divest.
- 21 With a watch-glass for lupus make trial
In this blemish in cheek so serene;
Like Homunculus viewed in his phial,
Vile jelly translucent is seen.
- 22 Achilles here curses the heat
That brings out his podo-pomphosis,
That cripples his vulnerable feet
And rots them with athlete's mycosis.
- 23 The crowned head of Pontus laments
Ingesting arsenical bane:
His surface here strangely pigments;
There pales as if washed by the rain.
- 24 With Chiron ride Centaurs to harrow
The Lupoid with drugs manifold:
Remorseless though hollow the arrow
Injecting the misers with gold.
- 25 On the greed that Midas bemoans,
The rash that you see is dependent:
For avarice here he atones
In gold dermatitis resplendent.
- 26 See Crassus how wretched his plight
is:
No words can he voice to complain,
As speechless with gold stomatitis,
His wealth he now rues in his pain.

Verse

- 20 Dermatitis Herpetiformis: A rare disease accompanied by much itching. It was first described by Duhring of Philadelphia in 1872. There is no real evidence that this is the disease from which Job suffered.
- 21 Lupus Vulgaris is most commonly seen in its incipient stage in adolescent females and is diagnosed by pressing the blood out of the skin with a watch-glass. The apply jelly nodule is its fearful sign.—The Dean.
Homunculus, the alchemists' synthetic man, is represented by Goethe in his *Faust*, Part II, Act, II, as a translucent mannikin imprisoned in a phial. He introduces the mediaeval Mephistopheles and Faust to the ghosts of classical antiquity.
- 22 A mythological inaccuracy. Achilles had only one vulnerable foot and of that only a part was vulnerable.—Hiram, P.G.
It seems that three centuries ago, our Hospital Myrmidons were as much plagued by fungus infections of the feet as they are now.
- 23 Mithridates II, King of Pontus, took increasing doses of arsenic to establish a tolerance to it, so that he could not be poisoned by his many enemies. Such an immunity is only achieved at the expense of acquiring peculiar pigmentation of the trunk, known as raindrop pigmentation.—The Dean.
- 24 Chiron: Most famous of the Centaurs, pedagogue of the Greek Heroes, physician, and "man" of science. For the concept of injecting misers with gold, see *Inferno* VI and XII.—Hiram, P.G.
- 25 At one time, the injection of gold salts was a very fashionable treatment for tuberculosis, rheumatism and other diseases. Its disadvantage was the severe dermatitis and stomatitis not infrequently produced. It fell into complete disuse later, to some extent on this account, but still more because, in Europe, gold became almost completely unobtainable.—The Dean.
- 26 Crassus: Fabulously rich Roman financier. Defeated and killed at Carrhae, B.C. 53, by the Parthians. His head was sent to the Parthian king, who thought it a good jibe to have molten gold poured into its mouth at one of his feasts.—Hiram, P.G.

CANTO IV.

Verse

- 27 A mantle of Bismuth's the onus
Of hypocrite skins there luetic;
A surface untarnished is shown us,
Yet augurs the jerkless paretic.
- 28 Th' Olympian messenger pours
His silver deep into the flesh
Of men unbridled and whores,
That gins of Astarte enmesh.
- 29 The heart of that sinner percuss,
Whose nose pale spirochaetes rot.
Both sigma and B.P. are plus
The tabes some others have not.
- 30 All ye barked about with that tetter,
Unearned parental instilment,
Despair that unscarred you can better
The crusted luetic distilment.
- 31 Benches of procto-pruritus
Cry: "Of us not a soul do they treat:
"These doctors do nought but invite
us
"To keep our untenable seat."
- 32 Now distant we 'gin to discern
A lurid mysterious glare
Unceasing there feeble skins burn
In carbon arc's tremulous flare.

* * *

CANTO V.

Verse

- 33 "Back, back," I cried in suffering
panic
My eyeballs seared by the fearful ray.
"No more, no more of your tortures
Satanic,
"Enough, to the square away, away."
- 34 So we turned and we fled from that
hall of mischance
And the menacing dire of that lamp
incandescent;
By a Cavern we sped, where revealed
to our glance,
Sat Tinea and clawed at her tonsures
fluorescent.
- 35 Averting our gaze each yard now we
fought
Through an oncoming whirlpool of
dermatoid freaks,
Till the winged feet of fear took us
out through the court
Of the temple of laughing edentulous
shrieks.

- 27 Bismuth: much used in the treatment of lues.
The less the skin is affected in the early
stages, the more likely is the supervention
later on of tabes or G.P.I.—The Dean.
Dante, *Inferno* XXIII. Hypocrites are repre-
sented as staggering under a mantle, which
though golden on the surface was really
of lead. Gold actually is even heavier than
lead: sp. gr. 19 and 11.
- 28 Mercury was also used in treating lues.
Astarte: Phoenician goddess, equivalent of
the Greek Aphrodite. Her orgiastic cult at
Hieropolis is described by Lucien: *de Dea*
Syria.—Hiram, P.G.
- 29 The nose sometimes suffered seriously in
syphilis. Hence Steele wrote in "The
Tatler" in 1810 an admonition on the
dangers of whoring and so acquiring
syphilis. Young men under temptation
were to imagine every woman a siren
saying in the midst of her flatteries and
allurements: "Keep your face out of my
way or I will bite off your nose."
Sigma: A precipitation test used in syphilis.
B.P. is presumably "blood pressure," but
there seems also to have been some gag
advertising the superlative qualities of a
petrol called "B.P."—The Dean.
- 30 Hamlet, Act I:
"And in the porches of mine ears did pour
"The leprous distilment
"And a most instant tetter barked about
"Most lazar-like, with vile and loathsome
crust
"All my smooth body."—Hiram, P.G.
- 31 Procton: Greek for the terminal portion of
the alimentary tract. A chronic paroxysmal
itching of this region was and still is a
common complaint.—The Dean.
- * * *
- 33 Macbeth to the shade of Banquo, Act IV,
Scene 1: "The crown does sear mine
eyeballs."
- 34 Some phrases in this verse seem to have been
taken from Chaucer's description of the
Temple of Mars in the Knight's Tale.
Chaucer: Primitive British poet of some
twelve centuries ago.—Hiram, P.G.
Tinea: Technical name for ringworm, a
disease long since extinct, but very pre-
valent when the populace in the Great War
led a troglodyte existence. Patches of hair
rotted and broke off. When seen in a
darkened room in the path of suprablue
rays, a striking fluorescence appeared
extraordinarily valuable for diagnosing the
extent of scalp implicated. This technique
was first demonstrated in Britain in 1927
by Roxburgh, an early primitive.
- 35 Dental and Skin Departments had a common
aditus.
The now obsolete anæsthetic "laughing gas"
was much used at one time for tooth
extraction.

* * *

- 36 By the stairs of steel we clattered
below
And stifling stumbled o'er the surgery
floor,
Deaf to the Sirens of the Central
Bureau,
Blind to the Almoner's Circean door.
- 37 Mocked by the shades of Balcon and
Bridle
We made for the light by the Tunnel
of Gloom,
Past the blind alley, where aspirants
idle
And desperately hope at the top to
find room.
- 38 We stayed at last where the scholars
throng
And read the dark words o'er that
sloping centre:
"Life runs fast and the day is long:
"Abandon hope all ye who enter."

* * *

- 37 Balcon was for many decades in charge of
the students' cloakroom, at that time
situated at one end of a dark tunnel-like
passage.

Bridle was apparently a considerable per-
sonality of the Hospital. What his functions
were is not clear.—The Dean.

* * *

- 38 The "Slope" and superscription were
destroyed early in the Second European
War. For details see Harris, St. B.H.J.,
Dec., 1940. It was in an unfamiliar script
said to be Greek, and was believed to mean
that "Bart.'s was not built in a day."
With this sentiment the despair expressed
in the terminating line is hardly com-
patible. This is unfortunate, as by this
incongruity alone the historic value of the
whole poem is seriously undermined.

CORRESPONDENCE

THE METRIC SYSTEM

To the Editor, St. Bartholomew's Hospital Journal
Sir,

Dr. Maxwell's prejudice against the metric
system of weights and measures leads him astray.

He writes: "The doses set out in the official
pharmacopœia are specified in the Imperial system
of weights and measures and also, oddly enough,
in a literal translation of these measures into the
metric system." Why "oddly" when the metric
system is legally recognised in this country and
widely used here and overseas? And does one
translate numerical quantities "literally"?

The British Pharmacopœia (P. 6) expressly calls
"attention to the fact that the relation between
the metric and the Imperial doses as set forth in
the text is of only approximate equivalence." Thus
0.06 G. is used as the equivalent of the 1 grain
instead of the more accurate 0.0648 G., a difference
of 8 per cent., and 1 millilitre (mil.) is used as
the equivalent of 15 minims instead of 16.9 minims,
a difference of over 10 per cent. The equivalents
used for the more common doses are rounded off
and are "merely for the convenience of the
prescriber in translating doses from one system to
another and are not sufficiently accurate for
pharmaceutical or other purposes."

I am, sir,

Yours faithfully,

P. HAMILL.

STUDENTS' UNION

The Editor of the Journal
Sir,

The following is an extract from the Annual
Report of the Students' Union Council:

"The clinical students are still divided between
Bart.'s, Hill End and Friern Hospitals, and the
pre-clinicals are at Cambridge. We have, how-
ever, managed to retain the unity of the students
by the representation of each group on the Council
and by the organisation of games and dances at
the various centres. The blitz has caused few and
slight casualties to students; we have been more
fortunate than our colleagues at some other
hospitals, with whom we sympathise; but our
property—the squash courts and, to a lesser extent,
the pavilion and grandstand at Chislehurst—has
been damaged. We sympathise with the Medical
College on the loss of many of the laboratories at
Charterhouse and the ancient but useful lecture
theatre at Bart.'s.

Nearly all the Clubs have been able to carry on
with their activities, although sometimes unusual
stratagems must be used to raise teams and
fixtures.

Dr. Graham was re-elected President of the
Union. Prof. Ross and Prof. Wormald were re-
elected Treasurers, and in place of Dr. Harris,
whose resignation through multiplication of duties
was very much regretted, Dr. Scowen was elected
Treasurer.

I am,

Yours faithfully,

R. H. SANDIFORD,

Hon. Sec., Students' Union.

To the Editor, St. Bartholomew's Hospital Journal

March 12th, 1941.

Dear Sir,

Life being change, and stagnation death, the vitality of the ever welcome Bart's Journal, of recent years delightfully illustrated by "Our Candid Camera," as in the excellent photograph on page 109 of your March issue, with the characteristic hypoplastic sweater, reveals a new surge on the next page in the equally good representation of the witty author of "The Art of Passing Examinations."

As the photograph of a writer at the head of his article seems a new departure, I would ask whether this represents the first move in a settled policy, or whether this is a test case. If so, the sponsors of the method have chosen good material.

Though this may not always be possible, it would seem invidious to publish photographs only in selected cases, and to apply the clinical rule that each case should be judged on its merits. It would be more charitable to apply the "all or none" law of physiology.

Should the publication of all authors' photographs prove to be the settled future policy of the Journal, no doubt instructions as to the type of portrait desired, and as to whether or not "tails" are compulsory, will be issued. Possibly occasions might arise in which, when an article could not be completed in time, or was unsuitable, the author's photograph might act as a pleasant alternative.

The present photographs form an admirable pair. In artistic contrast with the cryptic Mona Lisa smile of the "second stage" on page 109, the air of confident hilarity on the next page is refreshingly suggestive of a stage too expensive to attain nowadays.

Thank you, Mr. Editor, for these vivid reminders of old friends.

Yours, etc.,

ALEX. E. ROCHE.

To the Editor, St. Bartholomew's Hospital Journal

March 7th, 1941.

Dear Sir,

I sincerely hope that you will continue to travel to Friern with me in my car.

I am eager to maintain its reputation as a curio cabinet.

Yours, etc.,

JOE BAILEY.

Bourne End, Bucks.

[*Touché!*—Ed.]

* * *

ANOTHER WARNING

To the Editor, St. Bartholomew's Hospital Journal
Sir,

I am about to consult an osteopath, Gypsy Lee, and the legal advisers of the Jones family, and you may shortly hear from them in regard to the defamatory article you have not yet published in a forthcoming number of your Journal.

Before it appears I shall find that my house, reputation, and a spare pair of braces have disappeared in less than no time. You totally under-estimate the unbridled power you wield.

I am, yours faithfully,

THIRD CHIP.

P.S.—My spare pair of braces have already disappeared.

* * *

[Mr. Kenneth Walker has offered to settle for 100 gns.—Presumably the value of his practice.

—Ed.]

OBITUARIES

CHARLES WILLIAM MANSELL-MOULLIN,
C.B.E., M.D., F.R.C.S., 1851-1940.*

Born in 1851, Charles William Mansell-Moullin was educated at Pembroke College, Oxford, taking his Oxford degree from Bart's. He studied at Vienna, Paris and Strasbourg, taking the F.R.C.S. in 1878 and the M.D. the following year. He was elected assistant surgeon at the London Hospital in 1882, where he began a brilliant career, which is particularly noteworthy for his contributions to abdominal surgery, his

work on the treatment of the enlarged prostate, on malignant disease, gastric ulcer, and on tumours.

Mansell-Moullin was Examiner in Surgery in the Universities of Oxford, Cambridge and Glasgow, and among other honourable positions, was a Member of the Council and Vice-President of the Royal College of Surgeons. He was very active till an advanced age, dying on November 10th, 1940, at the age of 89. Although never a member of our staff, we have just reason to recognise him as a Bart's man, and to sympathise with the London Hospital at the loss of an outstanding personality.

* Owing to circumstances beyond our control, the publication of this obituary has been delayed till now.—Ed.

SIR PENDRILL VARRIER-JONES.

By the premature death of Sir Pendrill Varrier-Jones, on January 30th, 1941, British Medicine has lost one of the great pioneers in the improvement of social hygiene and St. Bartholomew's Hospital one of her most distinguished sons. The Papworth Village Settlement has become a hyword all over the world for the intelligent and humane treatment of tuberculosis in all its manifestations and all its stages, and it is not necessary to describe here at length the organisation for which Papworth is so famous. Yet it is certain that Varrier-Jones, its creator, did not foresee his achievement. It all seemed to happen fortuitously, though really one development led to another in logical sequence, each guided by its delighted guardian, who saw that it was good. If there is any truth in the belief that a man's career is conditioned by inherited characteristics, then it can be claimed that the peculiar combination of qualities in Varrier-Jones was derived directly from his parents. His father, Charles Morgan Jones, was a doctor practising in a mining district in Wales. His mother's family was concerned in big business, her brother being Managing Director of Ocean Collieries and chairman of the Welsh Coal-Owners' Association. The combination in their son of an interest in medicine with an outstanding capacity for dealing with industrial problems resulted in the Papworth Village Settlement and the Papworth Industries.

Varrier-Jones was born on February 24th, 1883, at Troedyrhiw, Glamorgan, and began his education as a small boy at Epsom College, going on at the age of 14 to Wycliffe College, Stonehouse, where he stayed for five years. He maintained his interest in the school and afterwards founded the Margaret Varrier scholarship there in memory of his mother. At the age of 19 he entered St. John's College, Cambridge, with a foundation scholarship. He took first-class honours in the National Sciences Tripos in 1905, and was placed in the second class of Part II. in 1906. He then proceeded to St. Bartholomew's, qualifying there in 1910. He was appointed junior house physician to Dr. Ormerod, and as a newly joined student doing my first appointment as clinical clerk, I was then able to form a friendship with him which lasted until his death. He was then, as always, an amusing and delightful companion, and took

much trouble in the education of his clinical clerks, but we none of us suspected anything of the career that lay before him. Even at that age he was plump and unpunctual, and often his interest in medicine appeared to be slight. When, after completing his six months as junior house physician, he resigned his appointment, we attributed his apparent failure to face the responsibilities of resident house physician to a somewhat lazy temperament. We did not know that throughout those six months he was being tortured by solicitude for his slowly dying father, and that several times a week he was travelling all night in order to spend a few hours by his father's bedside. He finally resigned because his duty to the Hospital was incompatible with what he believed to be his duty as a son. After his father's death he was undecided as to his future course, and at this point he was invited by Professor Sir German Sims-Woodhead to help him in researches into bovine tuberculosis in the Laboratory of Pathology at Cambridge. He accepted the invitation rather in default of anything else that attracted him, and in 1915 was still acting as Sims-Woodhead's temporary assistant. It so happened in this year that the Cambridgeshire County Council Tuberculosis Officer had left for war service, and difficulty was found in replacing him at the Council's Dispensary, which had been established in the previous year. Sims-Woodhead was asked if he could recommend a medical man as a stop-gap, and so the post was offered to his assistant. Varrier-Jones had himself been rejected for war service on account of some slight physical defect, and he accepted the position of Tuberculosis Officer although, as he explained, he knew nothing about County Councils or what a Tuberculosis Dispensary was supposed to do. He soon discovered, however, that the work engaged his interest and he perceived the absurdity of advising a tuberculous patient to obtain "light work, fresh air, and good nourishing food," while there were no beds at his disposal where his patients could be cared for in surroundings suitable to their economic status. He was unable to persuade the County Council to institute a Sanatorium, but he secured the support of a few members of the Tuberculosis Committee, including Sims-Woodhead and Sir Clifford Abbott, and with their help a voluntary committee

was formed. A small capital of £500 was gathered, and on this very insecure basis a "Tuberculosis Colony" was formed. This unorthodox experiment was looked upon with disfavour outside the narrow circle of Varrier-Jones's enthusiastic supporters, prominent among whom were my mother, Mr. J. N. Keynes, and Miss Borne, the County Council's tuberculosis nurse, who from that time bravely threw in her lot with the adventurers, and as Matron gave Varrier-Jones her whole-hearted and invaluable co-operation until the end of his life.

In February, 1916, a six-roomed cottage in the village of Bourn, a few miles from Cambridge, was approved by the (then) Local Government Board as a Colony for twelve male patients, but only for a probationary period of three years. The house stood in a garden of two acres, where patients could be employed in various ways, for Varrier-Jones's quick and original mind had already formulated his fundamental principle, that maintaining the patient's hope by means of a suitable occupation was an essential aid to recovery. The two years actually spent at Bourn confirmed his belief in the practicability of his ideas, and from the date of the removal to Papworth early in 1918 there has been continuous and rapid progress. One of the earliest patients at Bourn was a Belgian refugee, who designed a chalet for erection in the garden. Another patient, a carpenter, constructed the chalet and taught other patients how to build them. Thus in 1918 fifteen patients with their chalets were transported to Papworth, where the Hall, formerly the residence of a notorious financier, together with 4½ acres of land, had been acquired through private generosity. By a fortunate chance the establishment at Bourn had been visited by Sir Robert Morant, who had appreciated the ideas behind the scheme, and he was able, as Secretary of the National Health Insurance Commission, to exert his influence in favour of allowing an insured person to do a limited amount of work as part of his treatment, while continuing to receive his insurance benefits. This concession removed one of the greatest difficulties which threatened the success of the "Tuberculosis Colony" idea, and enabled Varrier-Jones to develop his scheme along the lines he had originally conceived. He was the first to realise in a practical way that the treatment

of tuberculosis was as much an economic as a medical problem, and by continuously developing the commercial side of the enterprise, he was able to offer the tuberculosis patient an opportunity to work and support himself, while giving him the all-important feeling of security, both for himself and his dependents. Further than this, Varrier-Jones believed that it was of importance to give patients, not sham work of an art-and-craft kind, but "purposeful" work with remuneration from the earliest possible moment, before they had begun to lose their initiative and self-confidence.

In the earlier years of the enterprise there were many difficulties to be overcome and awkward corners to be turned, and Varrier-Jones wrote retrospectively to a friend in 1929. "I like to call to mind the help of Woodhead especially, for I am quite sure that without his encouragement I should have given it up long ago. I could never go through the struggles and trials of those days again, and, even now, the constant supervision necessary to the smallest detail is impossible unless one feels very, very well. I've been lucky to have been given the opportunity to put into practice my curious ideas, haven't I?"

It is unnecessary to describe here in detail the developments that have taken place. Papworth Hall has remained the administrative centre where Varrier-Jones, as Director, had his own quarters. Around it hospitals and research laboratories have sprung up, hostels and cottages for ex-patients, and homes for nurses, with a village hall and general store. Workshops have also been built, and rebuilt on a larger and larger scale, until huge contracts could be handled. In 1940 the sales from Papworth Industries, Ltd., reached a total of £363,435.

It was only in the later years that the surgical side of the treatment of tuberculosis was developed at Papworth. Varrier-Jones had a peculiar horror at the idea of the infliction of pain, and an almost pathological aversion to surgery. Ultimately, however, the claims of surgery were recognised, and a first-class surgical block was built, with another brilliant St. Bartholomew's man, H. P. Nelson, as visiting surgeon.

It is well known how deeply King George V and Queen Mary were interested in the experiment and how they visited Papworth on many occasions. Varrier-Jones was a good showman, and, with such

fine wares to exhibit, it is not surprising that he was very successful in obtaining money for the financing of his schemes. In an address to an Empire Conference on the Care and After-Care of the Tuberculous, in 1937, he presented the case for State support in a striking way. "The State," he said, "demands notification of the disease. Why? To protect itself. But in protecting itself in this way it may be putting in peril the livelihood and the whole social structure of the patient. All his work, all his efforts, his home, his job—all are liable to be prejudiced by notification. If the State demands protection at such a cost, surely it must accept the liability of providing adequate compensation. This liability must not be lightly discarded. The State provides treatment as it should. It cannot guarantee the results of treatment, of course, but surely it can see to it that the victim of the disease, if he cannot be cured, can at least be provided with employment in a suitable environment."

When the success of the Papworth experiment was assured, Varrier-Jones was invited to help in the development of other schemes for the treatment and employment of the disabled. At the request of the British Legion he reorganised during 1925-7 the Preston Hall Settlement in Kent, and from 1917 until his death he was mainly responsible for the steady progress of the Enham Village Centre, near Andover. In 1929-30 he assisted in the foundation of a second Papworth attached to the sanatorium established by the Women's National Health Association of Ireland at Peamount, Co. Dublin. In 1932 he was made President of the Sub-Committee for Occupational Therapy and After-Cure Work of the International Union against Tuberculosis. His work received the public recognition of a knighthood in 1931, and he was elected F.R.C.P. in 1934.

The fame of Papworth spread in all directions and innumerable visitors came to see it from every part of the world. Colonies on the same lines, with local adaptations, have been established in many countries, and trained nurses from foreign sanatoria have been sent to Papworth to learn the new methods at their service.

During the last weeks of his life Varrier-Jones had centred his thoughts upon the best method of spreading knowledge of tuberculosis—a problem that was acquiring an intenser interest as the result of the war

—and he was in consultation with the Ministry of Health and the Regius Professor of Physic at Cambridge with a view to planning a course of lectures for medical students, combined with practical work, at Papworth. "I can see," he wrote a few days before his death, "that, in future, places such as this should teach methods and inspire students, and now that our industries are on a good basis, I can devote some of my time to teaching the young. We may have only *one* student; but, then, Papworth started with *one* patient, and I must hope for the best."

Varrier-Jones combined a striking personality with an arresting exterior. In his later years he became somewhat bulky, and his massive figure was surmounted by a face with dark eyes and distinguished features, and a mop of pitch-black hair.

His usual appearance as he walked round the Industries suggested energy combined with informality, his hair ruffled by the wind, and a short walking-stick in his hand. In his own domain he was a benevolent Dictator, but the New Order which he founded for sufferers from tuberculosis extended all over the world. He knew all his patients personally, and was always approachable, ready to listen to petitions or suggestions from whatever quarter they might come. His patients received from him a sense of security and moral support, and he constituted himself a buffer between them and the outside world, in which they felt they could not battle by themselves. He never married, and indeed he used to say that there was no place in his existence for a wife. All his affections were projected on to the institution he had created and its inmates. The very personal character of his rule at Papworth has created its own difficulties, for he had not in the least anticipated the attack of angina pectoris from which he died in the course of a few minutes, and no successor had been trained or named.

The feelings of the Papworth Colony were expressed in a moving way on February 2nd, when the body of their Director lay in the Hall with members of the Home Guard standing with arms reversed at the four corners of the coffin. A very brief service was held at which everyone wept without shame or affectation, and it was plain to see what kind of a friend the staff, the inmates and the villagers had lost by the death of Sir Pendrill Varrier-Jones.

GEOFFREY KEYNES.

BART'S MEN IN THE SERVICES

ROYAL ARMY MEDICAL CORPS.

Ball, P. H.
 Bamford, H. C.
 Bamford, J. B.
 Bannister, R. T.
 Barkin, V.
 Barnsley, R. E.
 Bassett, T. H.
 Baum, I. H.
 Baxter, W. S.
 Beagley, J. R.
 Bennett, A.
 Bentley, J. G.
 Bett, W. R.
 Boyden, H. H.
 Braines, F. M.
 Brennan, E. B.
 Brodribb, H. S.
 Brooker, A. E. W.
 Brown, K. P.
 Brownlees, T. J. K.
 Burrow, K. C.

 Capper, W. M.
 Carter, C. L.
 Chamberlain, A. G.
 Conway Hughes,
 J. H. L.
 Cooke, A. H.
 Curtiss, E. S.
 Curtiss, L. M.

 Dalley, G.
 Dalliwall, R. E. S.
 Darke, G. H.
 Davies, W. H. D.
 Dearlove, A. R.
 De Freitas, A. J. S.
 Denny Brown, D. E.
 de Senneville, R.
 Desmarais, M. H. L.
 De Vine, J. G.
 Douglas, H. A.

 Eland, A. J. C.
 Ellis, A. R. P.
 Ellis, B. H.
 Flockton, P. H.
 Ford, A. R.
 Foster, W. B.
 Francis, A. E.
 Frazer, A. L.
 Frederick, E. V.

 Gallop, E.
 Gordon, I.
 Gordon-Watson, Sir C.
 Grace, A. H.
 Grace, M. R.
 Grant, W. R.
 Greenwood, F. G.
 Groves, J. N.
 Gurney, A. H.
 Halper, N. H.
 Hankey, G. T.
 Harker, M. J.
 Harris, G. A. S.
 Harrison, G. A.

 Harrisson, G. J.
 Harvey, M. W.
 Hay Shunker, C. J.
 Hearn, R. D.
 Heasman, L.
 Heathcote, H. J.
 Hewlings, N. J. P.
 Hillaby, H.
 Hinds Howell, C. A.
 Hole, E. K.
 Homa, B.
 Hoskyn, C. H.
 Howell, T. H.

 Jackson, J. M.
 Jamieson, J. G.
 Johnson, D. McI.
 Jones, D. M.
 Joyce, J. B.

 Kanaar, A. C.
 Kemp, J. W. L.
 Kennedy, A. R.
 Kenshole, H. H.
 Kerr, A. K.
 Kersley, C. D.
 Kingdon, J. R.
 Knowles, A. H.
 Knowles, H.

 Lee, H. B.
 Linton Bogle, F. W.
 Lockett, J. M.

 Magnus, H. A.
 Malley, M. J.
 Marsh, F. D.
 Martin, J. R. M.
 McCoy, D. P.
 McGladdery, J. P.
 McGregor, A.
 McGregor, W. H. S.
 Mellor, A. W. C.
 Mitchell, W. E. M.
 Morgan, C. J.
 Morison, C. R.
 Morrell, F. H.
 Morton, J. A.
 Mundy, M. L.

 Newton Dunn, G. W.
 Nicolas, J. C. H.
 Nicoll, C. V.
 Noel Hanson, P.

 Orlek, A.
 Owen, W. A.
 Oxley, W. M.

 Palmer, E. A. E.
 Patterson, J. H.
 Perrott, G. F. D.
 Perrott, J. W.
 Pimblett, G. W.
 Preiskel, D.

 Rewcastle Woods, T. G.
 Robson, J. A.
 Rochford, J. D.

Rodgers, H. W.
 Rogers, N. C.
 Rose, I. F.
 Ross, K. M.
 Rouse, A. J.
 Royston, G. R.
 Scotson, F. H.
 Scott, J. M.
 Scott, P. G.
 Sedleigh Denfield, G. R.
 Simmons, G. H. A.
 Smart, J.
 Smith, R. S. S.
 Snow, J. E.
 Stallard, A. F.
 Stallard, H. B.
 Stanton, H. G.
 Stevenson, R. Y.
 Stott, A. W.
 Sykes, W. S.
 Taylor, A. W.
 Thompson, B. W.

 Thompson, J. R. O.
 Todd, C. R.
 Trower, G. S.
 Underwood, W. F.
 Varley, J. F.
 Waldin, G. G.
 Walter, W. J.
 Ward, R. O.
 Ware, M.
 Waters, A. B.
 Watson, E. O.
 Way, G. L.
 Webber, R. Hanbury
 Whitton, J. S.
 Williams, R. N. H.
 Willmott, L. A.
 Wilson, J. D.
 Wilson, J. S. H.
 Wise, C. S.
 Wolfe, H. L.
 Wooding, J. E.
 Wright, P. M.

ROYAL NAVY.

Arden, L. D.
 Bateman, A. D.
 Carpenter, M. A.
 Chivers, J. A.
 Curl, O. J.
 Donald, K. W.
 Hackett, J. T. A.
 Houghton, P. W.
 Hughes, J. F.
 Hutton, W. A.
 Jackson, B. F.
 Kirkwood, R. M.
 Lewis, B. S.

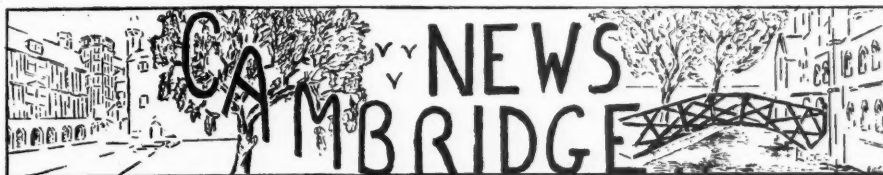
 Mandelstam, M.
 More-Nisbett, J. G.
 Murless, B. C.
 Neill, E. J.
 Prothero, D. A.
 Rendall, D. C. S.
 Stewart, E. F. G.
 Sutton, R. J. C.
 Terry, C. H.
 Ward, F. G.
 Wedd, G. D.
 Woodham, C. W. B.

ROYAL AIR FORCE.

Ainsworth-Davis, J. C.
 Angel, R. E.
 Bangay, E. B. D.
 Botha, B. B.
 Caldwell, J. R.
 Caplan, A.
 Carpenter, R.
 Coltart, W. D.
 Edwards, T. A. W.
 Evans, E. O.
 Foote, R. R.
 Gauvain, J. H. P.
 Gimson, P. A.
 Gray, G.
 Heath, W.
 Hendley, H. J. H.
 Howkins, J.
 Jackson, K. V.

 Jenkins, C. R.
 Jeremy, W. H. R.
 Keynes, G. L.
 Linton, J. S. A.
 Lloyd, W. J.
 Macpherson, R.
 Maley, M. L.
 Morel, M. P.
 Nash, D. F. E.
 North, J.
 Owston, A. J.
 Phillips, B. M.
 Playne, B. A.
 Schofield, J.
 Shields, N. P.
 Tracey, H. A.
 Young, N. A. F.

The Publication Committee makes no claim that this list is complete. They expect to publish another in due course.



The Hill End "Stooges" are apparently in advance of us as regards fire fighting and fire watchers, but fire watching here is now well under way. The dark hours of the night find some ardent students clambering about a sea of roof-tops, looking half expectantly for a gaping chasm or similar sign that a raider has passed overhead. Several unsteady scalpels have been observed in the dissecting rooms of late.

Photographs of candidates for the Students' Union Council were put up underneath the archway, and from these worthies were elected: From the 1st year, J. C. Pittman and F. Patuck; from the 2nd year, A. E. Eyfe, J. L. G. Thomson, W. S. Gray, A. T. H. Glanvill; and from the 3rd year, G. Monckton and H. E. Claremont. From these Pittman, Eyfe and Monckton

were elected as representatives on the main Students' Union Council. G. Monckton was, in addition, elected secretary of cricket, and a match against Hill End was considered as a potential fixture.

The Lent Bumps were watched by most of the Bart's students during the three days that they were in progress. The Bart's boat was neither bumped nor succeeded in making a bump.

Despite repeated efforts by the secretary of swimming to obtain the Leys School swimming bath for the Bart's water polo team, a meshwork of red tape still so entangles these attempts that it seems doubtful whether the bath will become available before the swimming season is over.
D. A. D.

RUGGER

v. Bart's A XV on Saturday, March 1st, Home.
Result—Won. 15 pts. (5 tries) to 0 pts.

The Preclinical XV had by far their most enjoyable match, when the long anticipated fixture with the Hospital became a reality. The game was very open throughout and the packs evenly matched, the visitors being the better in the loose scrums. The Preclinical's three-quarter line played a fine game and it was largely due to their co-ordination that the home team brought off its victory. In the first half the visitors had to face a strong wind which kept them penned in, and the Preclinical's scored three times, twice from three-quarter movements (R. Bourne, P. T.

Ballantyne), and once from a forward dribble (G. Matthew). After half time the Hospital side took full advantage of the wind and kept well up the field with deep kicking, their outsides were, however, a little uncertain of each other, and they were unable to put the finishing touches to several good movements. The Preclinical's scored twice in this half, once by K. Pittman, who dribbled from his own 10-yard line, and also by A. Corbett, who went over following a scrum on the Hospital line.

I should like to thank Professors Hadfield and Christie for transporting the team, without whose help we should have been unable to bring off the fixture, and also Professor Hopwood for providing both teams with a most excellent tea after the match.

EDITOR'S NOTE

Subscription rates for the Journal are: Life, £5 5s.; 5 years, £1 11s. 6d.; annual, 7s. 6d. Readers are reminded that these rates bear no relation to the nominal charge of 4d. per copy made to students, to limit numbers in view of paper shortage; 4d. actually by no means covers the cost of producing one copy.

The charge for Nurses (and persons working in the Hospital) is 6d. For all others it is 9d.

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Authors are entitled to three complimentary copies of the number in which their work appears, but will only receive them on application. If reprints of an article are required, they are asked to send the order before the date of publication of the number in which it appears.



On Tuesday, February 25th, the nurses, students, and Hill End staff introduced what we hope to be the first of a series of concerts given for the patients. This was attended by a very appreciative audience who were charmed, as usual, by the piano playing of Hilary Holden, and who quickly succumbed to the girlish charms of Mr. Morris in his song, "No one loves a fairy when she's forty." An unusual item was a sketch, entitled, "Bachelor of Arts," which brought to the fore the hidden talent which has so long been canvassed for. Other numbers included a dance by Dilys Hughes, conjuring, crooning, and topical and familiar scenes of hospital life. The pianist was, as usual, Sgt. Jim Nash. The entire show was ably compered by C.S.M. Roach. Although the production left room for improvement, the standard aimed at was high, and should with practice, be attained. It is with great interest that we await forthcoming attractions.

Some complaints have been received about the squalor of the A.R.; this is not lessened by the sight of numerous games of chance which are played both by day and night. It is no concern of your correspondent's how students pass their spare time, but we are glad that the attention of all concerned has been drawn to a ruling of the Students' Union of March, 1939, which

states that—"No gambling is allowed on Students' Union premises."

Unfortunately this issue of the JOURNAL has to go to press before the production of "Poison Pen," so a report of it will appear in the May issue. It is, however, worthy of note that a special expedition was made to London to purchase a new stage carpet. Two prominent members of the dramatic society were observed staggering into the hospital carrying a large roll of carpet which they proudly announced was thirty-nine yards in length.

On March 5th the first of a monthly series of golf matches between the staff and students was played; it resulted in a narrow victory for the students. This match aroused the student golfers from their lethargy, and they left the hospital in the early afternoon carrying large bags of clubs. Later the party returned, and talked about birdies and the 19th hole for a few hours, and then went once more into hibernation, presumably until their next visit to the links.

Some consternation was caused one night recently when some person or persons unknown exchanged the sign board outside Stooze Hall with that of the adjoining nurses' quarters. As the exchange was discovered early in the morning before any of the students were awake, the damage was negligible, and nobody was led astray.



This Colney Hatch life runs smoothly on; as if anything else could be expected of it!

There is little to distract even the laziest student from his work. He may walk in the grounds in the spring sunshine amongst the crocuses—the only living things which flourish in this toneless life. The mental

patients are perhaps an exception to this; for they seem immutable and eternal, more deep rooted even than the pallid yellow brick of the Hospital Façade.

The student in his leisure may also recline on the railway waiting-room couches of the "Boys' Villa"—"Boys' Villa" being an

extraordinary pseudonym for the draughty, glass-panelled mausoleum which houses the bottled pathology specimens, and serves as a lecture-room and common-room. A sad contrast to the upholstered somnolence of the Abernethian Room. In this war for freedom let the students cry, "Lebensraum!"—and adopt every method "short of war" to get it. Students working for their finals need few social amenities, but would welcome a quiet room for post-prandial contemplation—and somewhere to read and work other than the "Boys' Villa."

The resident students have another "Villa," also architecturally eccentric, where they have communal lodging and parsimonious board. These buildings, together with the bakery opposite the Hospital gates, form the centres of student life, and any day the casual observer may tune in to conversation of lectures and coming examinations, and regretful reminiscences of past ones.

* * * *

A SUGGESTION

Could the Matron be asked to point out to the Nursing Staff that students must learn somewhere and somehow, and that Friern is now, for better or for worse, a teaching hospital? At present about 50 per cent. of the nurses seem to consider it an outrage if we ask for a chaperone and an intrusion if we enter a theatre.

* * *

A few new textbooks, or new additions, would be much appreciated at the B.V.

* * *

BALSAM

BY THE FRIAR

Among the regulars at recent lectures I have noticed "Brylcreem" Bickford and "Anzora" Shaw. A special seat on the hob is being built for "Trinidad" Phillips, who seems to wish he were a kettle.

I hear there was a little difficulty the other night in starting "Limbo" Lim's car. It finally entered into independent motion somewhere round by the piggeries, but not without assistance from "p.r.n." Stewart and others.

Emerging from the Nurses' Home on a Friday afternoon, I dropped into Infirmary 4, where a meeting of the League of Nations appeared to be in progress. Sheltering behind the ample back of "pot" Evans I caught the following gem from the Iranian delegate: "She said she felt a young girl again, and went to see Dr. Beattie."

The "Boys' Villa" sees a continuous stream of lecturers both versatile and boring—who succeed one another at the rostrum during the day, with the bewildering rapidity of turns in a variety show. In fact, Dr. Strauss emulates the latter each Wednesday with a group of original performers.

A certain famous Dietitian has become fair game for the brush of a "pseudo-Low" whose ribald posters have been displayed side by side with the operation lists. They may be good "Woolton" propaganda, but on whose authority? Does the Illustrious Personage frequent the same Turkish baths as the famous Blimp?

Such trivial things, together with the spring crocuses, and the oft-repeated racy stories of a great surgeon, do much to enliven a life where news is never "stop-press," and familiar mannerisms and local trivialities form lasting subjects of conversation.

P. J. M.

They tell me there's something very special in a V.A.D. uniform in Ward 3, which is where "double-bass" Bailey spends most of every afternoon.

By the way, why "Sloman" Slowe?

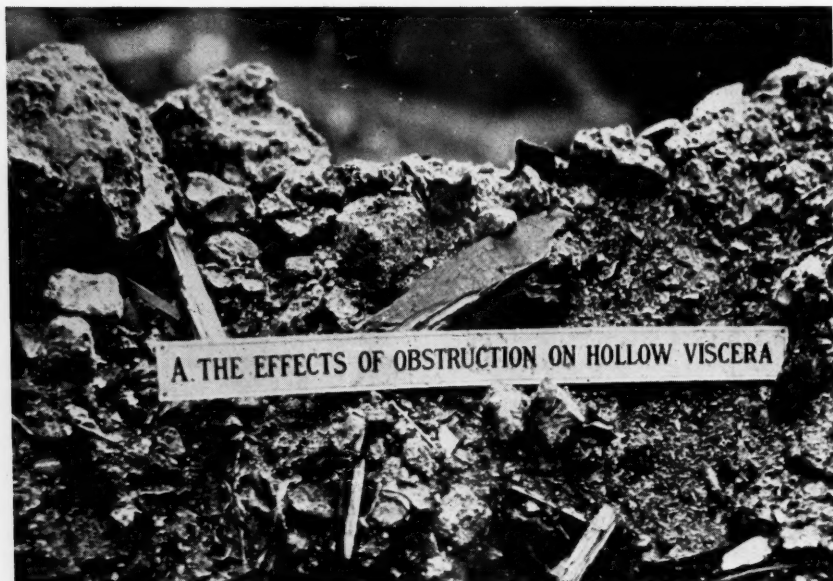
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OUR CANDID CAMERA



"In ze Soup, Sair? Impossible!"

AIR RAID PATHOLOGY



SPORTS NEWS

R.U.F.C.

1st XV v. Met. Police, February 22nd, Away.
Won—24-3.

This was played in about the heaviest and stickiest mud imaginable. One had to carry a pound or so of mud around on each boot, and the ball itself was also covered in it. This weight soon began to tell on the older and perhaps less fit Police. Jackson was the outstanding man of the game. He scored 15 of our 24 points—scoring 2 tries and kicking 3 goals and a penalty. Considering the weight of the ball the length of some of his kicks was remarkable. Laybourne was taking passes off his feet as if he had glue on his hands and scored the best try of the day. The state of the ground was not conducive to hard shoving in the scrums, and so we found ourselves giving ground most of the time. Lower packing would perhaps have overcome this. Moffat and Hall were prominent and Alcock did well to get the ball so frequently from John in the tight. Tries were scored by Laybourne, Jackson (2), Griffiths and Stephen, and the score of 24-3 was the most decisive win we have had over the Police for some years.

The matches v. the R. Naval College and Saracens were scratched by our opponents, and we were unable to replace the fixtures.

J.P.S.

A.F.C.

Saturday, March 1st, v. Bromley County School, at Bromley. Won—2-1.

The return game against the Bromley County School was keenly anticipated by us in view of our very narrow win over them at Chislehurst before Christmas. Unfortunately, a strong wind blowing across the pitch rather spoilt what would otherwise have been good football. It had one good effect though, in that it repeatedly blew the ball into the stream running along one side of the ground, thus making a light ball heavy and enabling a modicum of control to be obtained.

In the early stages the School did most of the attacking, but spoilt some excellent midfield play by too much "dithering" in front of the goal. Our defence was in good form, and gradually we began to attack. A good shot by Birch was deflected into the net, and before half time another goal was added through James, who had been working really hard without his usual insides to support him.

The second half was less interesting. The School scored fairly early on, but for the rest of the time we held our own, though not without some anxious moments, as a good deal of the play was near our goalmouth, and some of us showed signs of considerable wear and tear!

A close game, but we were worth our win this time!

Saturday, March 8th, v. Old Stationers, at Barnet.
Lost 0-9.

This was our worst defeat for some time. It is easy enough to find excuses for it. We had only a "scratch" team out, and the ground was worse than any we have played on so far, being ankle deep in mud and, in places, water. Still, it is only fair to say that the Old Stationers would probably have beaten our best side though not, I hope, by so much. They were two goals up in as many minutes, and we were always on the defensive. James and Kingston, and P. W. G. Evans, fresh from Rigger triumphs, worked hard, and so did Harold at centre half. Our defence at times was not all it might have been, but got through plenty of good work at others. Not one of our best days, but we did stop them reaching double figures.

HOCKEY CLUB
St. Bartholomew's Hospital v. 17th. Medium Battalion R.A. at Chilchurst, on Saturday, February 8th. Won—11-1.

G. E. Hicks, R. E. Ellis, R. S. E. Brewerton, C. T. A. James, S. R. Hewitt, D. Currie, C. P. Perkins, K. O. Harrison, J. L. Fison, T. M. C. Roberts, T. N. Fison.

After a lull of six weeks due to Christmas, several invasion scares, and the inevitable Mrs Grundy, the Hospital opened the second half of the season with a win against a R.A. team. The ground was in very good condition and the Hospital soon opened the score, and had scored three goals within the first five minutes. The forwards and half-backs played well and benefited considerably by the fact that they were seldom marked by their opposite number. At half time the Hospital were leading 7-0. During the second half the Hospital monopolised most of the game. The "training" of some of the forwards was severely tried on a few occasions, but on most of them the ball was an easy winner! The R.A.'s scored once and the game ended with a 11-1 win for the Hospital.

J. L. Fison, 5; K. O. Harrison, 4; T. N. Fison, 2.

The Hospital v. Barnet, at Barnet, on Feb. 15th. Won—4-2.

G. E. Hicks, R. E. Ellis, R. S. E. Brewerton, C. Binns, D. Currie, C. T. A. James, G. H. Wells-Cole, S. R. Hewitt, J. L. Fison, T. M. C. Roberts, T. N. Fison.

BIRTHS

LEWIS.—On February 24th, 1941, at 39, Palmerston Place, Edinburgh, to Mollie (née Murlless), wife of Surgeon Lieut.-Commander B. S. Lewis, Royal Navy—a son.

MILLS.—On February 11th, 1941, at Kennet House, Ramsbury, Wilts., to Dorothy, wife of Dr. W. T. Mills—a son.

REAVELL.—On February 18th, 1941, at Gloucester, to Doris Margaret (née Swinburne), wife of Dr. Denys Reavell—a daughter.

SHACKLETON BAILEY.—On February 22nd, 1941, at Eye, to Dorothy, wife of Dr. J. Shackleton Bailey—a son.

MARRIAGES

BACON—WRIGHTSON.—On February 15th, 1941, at St. Stephen's Church, Acomb, York, by the Rt. Rev. the Lord Bishop of Worcester (uncle of the bridegroom), assisted by the Rev. A. E. Twidle, Aidan Henry Bacon, M.B., B.S., son of the late Rev. J. L. Bacon and Dr. Charlotte Bacon, C.M.S., Kwellin, China, to Gwendoline Joyce, daughter of Mr. and Mrs. A. J. Wrightson, 15, York Road, Acomb, York.

LONDON—BEESTON.—On Monday, March 3rd, 1941, in London, John London, M.R.C.S., L.R.C.P., D.P.H., of Muswell Hill, to Edna Gertrude (Teddy) Beeston, of Great Shelford, Cambridge.

The Hospital were quick to adapt themselves to the heavy going of the ground. The score was won for the Hospital by J. L. Fison. Barnet rallied and soon had equalised with a good shot. Play was confined to midfield for some time, and then our forwards attacked strongly but were unable to score. At half time the score was 2-1, a further goal was added by Hewitt. Towards the end, both sides faced penalty corners, but did not score from them. The Hospital scored twice through Hewitt to J. L. Fison. The final score was 4-2.

The Hospital v. St. Mary's Hospital, at Addington, on February 22nd. Lost—0-3.

G. E. Hicks, R. E. Ellis, R. S. E. Brewerton, C. T. A. James, D. Currie, R. M. Mason, S. R. Hewitt, K. O. Harrison, J. L. Fison, T. M. C. Roberts, T. N. Fison.

The Hospital had been looking forward to this fixture and had hoped to avenge their earlier defeat, however, missed opportunities resulted in a 3-0 win for St. Mary's Hospital. The game was played at a very fast tempo and Bart's were attacking for most of the first half, but failed to score. At half time St. Mary's Hospital had scored one goal in the second half our forwards broke away, but wild shooting robbed us of a certain goal. St. Mary's then attacked strongly, and scored twice in quick succession.

The Hospital v. Blackheath, at Chilchurst, on March 1st. Draw—8-3.

G. E. Hicks, W. O. Atlee, C. P. Perkins, S. R. Hewitt, D. Currie, C. T. A. James, G. Binns, K. O. Harrison, J. L. Fison, R. M. Mason, T. N. Fison.

The final score in this match was indeed a fair and fortunate result after the roughest and dirtiest game of the season. Our opponents admitted that they had some "tough guys" in their team; however, they did not have everything their own way. The Hospital gave as much as they got.

In the first half Blackheath were the first to score, the Hospital were on the attack most of the time, and forced a large number of short and long corners, but were unable to score—our opponents' goalkeeper saved some good shots. After half time the Hospital attacked strongly and scored twice with good shots by R. M. Mason. Blackheath then scored two more goals and just before no side K. O. Harrison scored with a good shot to make the score 3-3.

RUSSELL-SMITH—BLANCHFORD.—On March 1st, 1941, at St. Bartholomew-the-Less, Dr. Roy Russell-Smith, only son of the late H. F. Russell-Smith, of Cambridge and The Rifle Brigade, and Mrs. H. F. Russell-Smith, of 91, Townshend Court, N.W.8, to Dorothy, younger daughter of Mr. and Mrs. Blanchford, of Southampton.

WHITE—ARNOULD.—On February 11th, 1941, quietly, at St. Jude's, South Kensington, Michael William Langtry White, M.R.C.S., L.R.C.P., only son of Mr. and Mrs. F. W. White, of Groomsport, Co. Down, to Mary Seton Arnould, youngest daughter of the late Mr. F. G. Arnould, C.I.E., and Mrs. Arnould, Old Court House, Battle, Sussex.

DEATHS

PRIESTLEY.—On February 9th, 1941, at Baldon House, March Baldon, John Gillies Priestley, M.C., D.M., Reader and Demonstrator of Clinical Physiology in the University of Oxford, aged 61 years.

ON ACTIVE SERVICE

EVANS.—In November, 1940, officially presumed lost, Surgeon Lieutenant-Commander Tyrrell George Evans, R.N.V.R., H.M.S. Jervis Bay, beloved husband of Agnes, The Abbey House, Beckington, Bath, and brother of Dora Garrard, Liskeard, Cornwall.

NEW BOOKS

A Short Practice of Surgery. By Hamilton Bailey and Mcneill Love. Fifth Edition. (H. K. Lewis. 30/-.)

We welcome a new edition of this well-known text-book, which needs no advertisement in this Hospital. All chapters have been thoroughly revised, bringing the book up-to-date, though only accepted advances are included, as is proper in a text-book of this type. Even more figures have been added to an already well illustrated text.

It is unfortunate that in a war-time edition there should be so little reference to the surgery of warfare.

Hutchinson's Food and the Principles of Dietetics.

Ninth Edition, revised by V. V. Mottram and George Graham.

At a time when every British and German stomach is an important military objective it is natural that we should be swamped by books, pamphlets, advertisements and radio talks all about food. This largely rewritten edition of a famous text-book is not just another book on diet, but a well-balanced and scientific (as far as possible) exposition of the composition and utilisation of foods, essentially from a medical standpoint. The revisers realise that dietetics is not a subject permitting of scientific accuracy, rather a matter of approximations and averages.

The first part of the book deals with food from the physiological aspect—absorption and metabolism—the second part with the composition and nutritive value of individual foods and drinks (there is a complete chapter on wines). The next section, on Infant Feeding, has been re-written by Dr. C. F. Harris, who deals exhaustively with a very important subject. The final section is concerned with diet in the treatment of disease, and is sufficiently detailed to be used for reference. There are numerous and valuable tables throughout the book.

Pharmacology. By J. H. Gaddum. (Oxford Medical Publication. 17/6.)

Pharmacology is a science whose limits are, biologically speaking, very wide and ill-defined. From the more limited point of view of medicine, however, it has a definite and important function—it makes pharmacy and therapeutics intelligible, and frequently augments them.

But a book which has the unqualified title "Pharmacology," must steer its course nicely between these two subjects, emphasising neither at its own expense. Professor Gaddum's book succeeds in doing this admirably. The author has indicated the importance of experimental evidence of the actions of drugs, and has emphasised that type of evidence which is of importance in assessing their probable clinical effects. This is the type of approach to Pharmacology that later renders therapeutics intelligible to the student, and, happily, removes the sense of uneasy empiricism from his early clinical experiences.

The book contains all the necessary information for examinations, but is sometimes reticent on the order of dose which should be given, a knowledge of which is required by examining boards. In other respects I can find no omissions.

Professor Gaddum has a readable and interesting style, and moreover, an agreeable touch of informality which I found attractive. I think this book will be welcomed by students for two reasons: for its clarity by those who are reading pharmacology for the first time, and for its brevity by those who are revising.

Textbook of Medicine. By J. J. Conybeare. Fifth Edition. (Livingstone, 24/-.)

It is a matter for congratulation that it has been found possible to produce another edition at so reasonable a price in war-time. The general lay-out of the new edition is similar to that of the old, though certain sections have been rewritten and some new material added. For example, the sulphonamides now figure in the treatment sections of a legion of diseases. They also have a note to themselves, though this is somewhat incomplete as judged by the present position. The chapters on cerebro-spinal fever and septicaemia have been revised in the light of their new treatment.

There is a new article on blood transfusion and the use of plasma and dried plasma. One could have wished for more about the latter at the expense of the somewhat lengthy discourse on blood groups.

One of the older sections particularly to be recommended is that on the urinary system, which should solve for many their common confusion about Bright's disease. The cardio-vascular chapters contain an excellent article on circulatory failure in general. The section devoted to the Central Nervous System is almost a complete work in itself, and Psychological medicine is fully considered.

If space permitted much more might be said in praise of this book, which can be confidently recommended as a well-balanced general medical text-book.

Textbook of Gynaecology. By Sidney Forsdike, M.D., B.S., F.R.C.S. Cheap Edition. (Heinemann. 7/6.)

This book is inexpensive, short, crystal clear, and very well illustrated—four cardinal virtues. It can be thoroughly recommended as an introduction to the subject, or for rapid revision before examinations. It is doubtful whether it contains enough to be used as one's only textbook of Gynaecology.

Income Tax for Medical Practitioners. By A. L. Boydon. (Eyre & Spottiswoode. 6/-.)

My dear Doctor, you may have observed that nowadays we rank Income Tax among the more illusory of the incomprehensibilities; and we do this for the excellent reason that man is a thinking animal by courtesy rather than usage.

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of outraged reason, no one of us need rest content to be a mere payer of any demand, to serve merely as one of the million uncomplaining instruments of the State's inexplicable expenditure, used for a moment and then forgotten, spent and finished with forever. We may appeal against oblivion and the Inspectors of Inland Revenue. They are unimaginative if you will, those Inspectors, but they are tireless. Year by year they bring it about that winter replaces spring for a period while men flutter assessment forms with sighs of incomprehension, and moisten schedules with tears of regret.

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Gastric and Duodenal Ulcers. By Harold Avery, D.Sc., M.B., M.R.C.P. (John Bale & Staples. 7/6.)

Dr. Avery has set out to provide, in this book, "a guide to the general practitioner in the diagnosis and treatment of the patient suffering from ulcer." The threefold task entailed in such an undertaking has been well stated recently by Dr. F. M. R. Walshe to be "—of selection, of emphasis and—in particular—of omission" and by these standards Dr. Avery's 101-page monograph cannot be said to fulfil his aim with complete success. For example, a minute knowledge of the histology of the stomach, of which a detailed and well-illustrated account is given, or even of much of the anatomy and physiology, can hardly be said to be essential for the diagnosis or treatment of peptic ulceration. Again, since Dr. Avery rightly insists on radiological examination "whenever peptic ulcer is suspected," and since the treatment he recommends is the same whatever the site of the ulcer, the recognition of the gastric and duodenal "ulcer types" and their distinction by the observation of somewhat indecisive constitutional features—a subject to which he gives some prominence—becomes of academic rather than clinical interest. There is, perhaps, more justification for the inclusion of a description of a number of the more likely aetiological theories, though the practitioner might well ask for a more reasoned and selective summary than Dr. Avery provides, while a fuller distribution of emphasis in his exposition of symptoms and signs (which includes an excellent, if a trifle incomplete, comparative table) would make it a more valuable guide in diagnosis. Again, more space might have been devoted to the interpretation and application of the data obtainable by test meal, and less to the technical detail, while the subject of gastroscopy receives less consideration than it deserves.

But, despite its welcome recognition of the importance of simple psychotherapy and of the recent improvements in the technique and application of gastric surgery, it is in the field of treatment that this book is most likely to disappoint

the general practitioner. As a result, largely, of Meulengracht's revolutionary innovations it is gradually, albeit reluctantly, being recognised by gastrologists that in the medical treatment of peptic ulceration, a less restricted dietary regime than that usually recommended in the past is physiologically more rational and clinically no less successful. The growing acceptance of this view should bring new hope to the general practitioner, for whom the difficulty of imposing the traditional rules of treatment on the patient in his own home is often so great as to be an incentive to him to put the diagnostic telescope to his blind eye except where hospitalisation was possible, and the extent to which tradition may be flouted is a point on which guidance might well be sought in a book of this nature. Dr. Avery, however, adheres rigidly to the most rigid of orthodox views, allowing only a few minor modifications in the Sippy diet—even the timid advances of Lenhart are roundly condemned on grounds for which we have searched his book in vain for justification—and progressing with such extreme caution that his patient is condemned to live for a prolonged period on a dietary which, according to the diet sheets given, is as deficient in calories and fluid as it is unattractive to the patient. Moreover, he retains a surprising faith in the ability of gr. 1/75 of atropine to inhibit gastric secretion over a foodless 11½ hours at night, and an enthusiasm for alkalies in such large daily doses that it is hardly to be wondered at that alkalosis at the end of a week's treatment is apparently no rarity in Dr. Avery's experience. As for the convalescent stage, it is to be regretted that more stress is not laid on the need to take food more frequently throughout the day than normal meal-times permit, without which precaution an otherwise correctly constituted diet fails all too often to prevent recurrence.

More alarming, perhaps, because more dangerous, is Dr. Avery's sublime indifference to modern teaching on water and salt metabolism in his recommendations for the treatment of pyloric stenosis and of hæmorrhage—no better commentary is needed on the efficacy of "rectal feeding with 5 per cent. glucose saline" as recommended for 2 or 3 days after severe hæmorrhage, than his own appended warning to beware of parotitis—and the failure of continuous drip transfusion of blood or other fluids to find any place in Dr. Avery's scheme of treatment of these complications. Intravenous technique should not nowadays lie beyond the scope of the general practitioner, given reasonably propitious circumstances, any more than do many of the procedures of investigation and treatment suggested here.

As a comprehensive and lucid survey of the subject of peptic ulceration which makes mention, at least, of most of the more recent theoretical and practical developments even though the writer's tendency is to view such innovations with distrust, this book may be recommended to those whose interest is largely academic. As a guide to diagnosis, however, it has few special virtues, while as to treatment, we venture to suggest that the guidance it provides is hardly representative of the best contemporary practice.

Venereal Diseases. By E. T. Burke. (H. K. Lewis. 30/-.)

This volume gives an excellent narrative account of venereal diseases, and should be read throughout by students and practitioners who wish to obtain a comprehensive view of the subject. The

author's suggested classification of syphilis into eight degrees serves as a useful hypothetical system by which his view of the pathological course is adapted to the clinical course of the disease; but as these degrees are largely artificial and vary according to sex, age, treatment, and response to treatment, it would probably increase the difficulty of the subject both to clinician and student were the author's classification adopted in practice.

The chapters on treatment and the evaluation of therapy are excellent.

The author's views on the pathology of gonorrhoea, especially in women, are interesting, and help to explain the vague nature of the pathological findings so common in this disease in the female.

The book can be strongly recommended to any practitioner who is to undertake the treatment of venereal diseases, and its literary style makes it a pleasant volume to read.

Cerebrospinal Fever. By Denis Brinton. (E. & S. Livingstone, Edinburgh. 8/6.)

Epidemic cerebrospinal fever is essentially a war-time disease and already during the present conflict the number of cases exceeds half the total number for the four years of the last war. A thorough knowledge of this illness is, therefore, more urgently needed than ever before.

In this concise book, based largely on the 1940 epidemic, the author has brought together all the essentials of diagnosis and treatment which could otherwise only be found by a search through many text-books and medical journals. His conception of the disease as being a "Meningococcal Infection," the clinical manifestations of which may vary from pharyngitis and chronic meningococcal septicæmia on one hand to acute fulminating septicæmia on the other, is undoubtedly the correct one. Emphasis is laid on the fact that any intermediate form may occur, and the author wisely deprecates the classical sub-division into five clear cut types. Treatment and epidemiology are treated fully, and the more important complications of chemotherapy described in some detail. It is a pity that the more recent work on Sulphathiazole did not appear in time to allow a more detailed description of this drug to appear in the present edition.

Experimental Physiology for Medical Students.

Third Edition. By D. T. Harris. (Churchill. 15/-.)

Since this book includes a great deal of experimental pharmacology as well as physiology, the

two practices being essential to the proper understanding of medicine, it should prove of great value to any student who is in pursuit of his 2nd M.B. or 1st Conjoint. The matter is easily digestible and the illustrations excellent. The use of this book would make a student's own experiments more commonly successful, and would make clear the more difficult experiments which he usually only watches being performed by others.

Bainbridge and Menzies' Essentials of Physiology.

Ninth Edition. Edited and Revised by H. Hartridge. (Longmans, Green & Co. 16/-.)

This book is too well known to require any further description. It is now four years since the eighth edition appeared, and certain changes have had to be made; but the book remains the same size. It is packed with facts; any student knowing this book by heart would be certain to pass any preclinical examination in physiology.

Re-perusal of this famous compendium impresses upon one the impossibility of cramming, in a palatable manner, the whole of such a vast subject into one reasonably small volume. There are too many facts. The bolus is too hard to be swallowed comfortably.

Let us beg for smaller, softer pills; and even if it means more of them, one feels they might be associated more closely with the medicine which is to follow later.

Illustrations of Regional Anatomy. Third Edition.

By E. B. Jamieson, M.D. In five parts. Part 1: Central Nervous System, 7/6; Part 2: Head and Neck, 15/-; Part 3: Abdomen, 6/-; Part 4: Pelvis, 4/-; Part 5: Thorax, 4/- (Messrs. E. & S. Livingstone, Edinburgh.)

The previous editions of this series are so well known that the third edition requires no introduction. Added colour where it has been used has increased the clarity of the plates, while the enlargement of many illustrations which were formerly half plate has been entirely justified.

It would be presumptuous to attempt to criticise the work of such a distinguished anatomist, but I feel that when the next edition is prepared, it could be improved by laying more emphasis on important but obscure regions, such as the jugular foramen, which are a *terra incognita* to many students.

Considering the conditions under which this edition has been produced, the low cost compares favourably with the high standard of reproduction. These illustrations are a useful adjunct to any standard work of anatomy, and invaluable to the practitioner who has no access to an anatomical museum.

IN OUR LIBRARY

3. PARACELSUS

By JOHN L. THORNTON, Librarian.

Four hundred years ago there died at Salzburg one of the most enigmatical characters in the history of medicine. Described by Singer as "alchemist, quack, rebel, prophet and genius," by Osler as "the Luther of medicine", he was the subject of a poem by Browning, who went so far as to give him credit for the discovery of the circulation of the blood!

Philippus Aureolus Theophrastus Bombastus von Hohenheim was born at Einsiedeln, near Zurich, in 1493, and was probably christened with

a rather shorter name, which he pompously lengthened. He then adopted the name Paracelsus, either a latinised form of his own, or, according to his detractors, as a comparison of himself with Celsus. Born the son of a physician, he took a doctor's degree at Ferrara in 1515 under Leonicensus, and then proceeded to travel throughout Europe, and possibly the East, mixing with barbers, gypsies, midwives and quacks, from whom he attained great proficiency in folk-medicine.

In 1527 Paracelsus was appointed town physician and professor of medicine at Basle, as the result of his successful treatment of Frobenius, the famous printer, and of Erasmus, but his career there was of short duration. He began by publicly burning the works of Galen and Avicenna, for he was an ardent admirer of Hippocrates, and he also lectured in German instead of the customary Latin. After one year he was forced to vacate his position, to resume his wanderings until his death, which is alleged to have occurred as the result of a tavern brawl.

Paracelsus was probably the most original thinker of the sixteenth century, and was a pioneer in experimental chemistry. Despite his controversial writings he was also a successful physician and surgeon. Living in a period befogged by alchemy, astronomy and pseudo-philosophy, he favoured experimental work as long as it did not confute the classics, and attempted to gain his knowledge from Nature rather than from books. He attacked quackery, and is responsible for the introduction of mineral baths, and of laudanum (tincture of opium). He brought numerous minerals into the pharmacopoeia, such as antimony, lead, copper sulphate, and was the discoverer of zinc. The personality of Paracelsus greatly influenced his period, and he stimulated the study of chemistry and pharmacy, but his writings are curious mixtures of mediaeval astrology, with grains of inspired ideas. The scholarly studies of

Karl Sudhoff have done much to separate the grain from the chaff, and it is to him that the appreciation of the true value of the work of Paracelsus is due. The writings of Paracelsus include *Chirurgia magna*, 1536, *De gradibus*, 1568, and *Von der Bergsucht*, 1567, his work on miners' disease, open wounds, the use of mercury in syphilis and on mineral baths being of particular importance.

Before the time for reformation was ripe, Paracelsus set himself on a pedestal as a medical reformer, and suffered for his presumption. His love of low company, and his bombastic bearing made him disliked by many of his contemporaries, who did not hesitate to emphasise these characteristics, while ignoring the true value of his work. It is only in recent years that Paracelsus has received recognition as an important figure in the history of medicine, and it is just that the four hundredth anniversary of his death should be marked by an appreciation of his contributions to medicine.

SOURCES OF FURTHER INFORMATION

In addition to the material in the general histories of medicine by Garrison and Osler, the following contain chapters on Paracelsus, and are available in our Library:—

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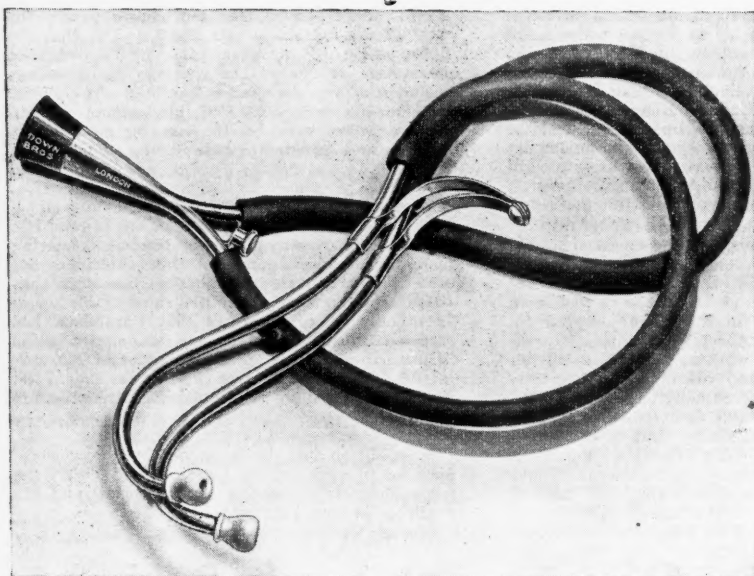
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